

groups although possessing its own ethnic individuality, still overlaps in certain respects. And where the practices and beliefs of many tribes reveal similarity to the folk remedies of Europeans in the New World, the problem of interpretation of properties is made extremely complicated. Realizing that many of the plants and weeds are migrants from Europe to the New World, we shall have to proceed with caution in view of the fact that the Indians had an ample native pharmacology of their own before the period of conquest, and that an experimental spirit was always and everywhere active in revealing new cures among the invading plant hosts. It will, therefore, not be an easy task to distinguish between what is Indian and what is European, until we can assign the concepts and practices to one or the other.

No one, I believe, would deny that there has been much borrowing, as it is called, on the part of the Colonial whites from the Indians as a glance at the voluminous contents of the United States Dispensary (1926) will reveal. In the north this process was initiated by the French who accompanied Cartier (1906, pp. 73, 77) and who would have perished from scurvy, had it not been for the therapeutic knowledge of those Algonquin or Montagnais who supplied them with an effective medicine concocted of white cedar bark. Subsequent to this reference in the early documents many others are encountered indicating a deep-rooted system of primitive medicine which was, as it should be, partly pharmacological and partly psychological.

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The Delaware system of health protection and disease curing seems to be a blend of what students of comparative medicine have agreed in calling primitive religion and science. In Delaware the sophistry and the performances of healing are religious while the knowledge applied in these processes is scientific. And yet where the action of the herbs, if not other substances, is mechanical or chemical, there is always the dependence upon the spiritual power of the healer with the deep emotional attributes from which the Delaware mind is never free when operating in these channels of thought. There has been, however, a certain element of hard-headed and non-magical experimentation blended together in the development of the herbal cures, at least from the point of view of native method. For the observation of repeated success with some remedies and failure with others has not escaped the attention of the native doctor. Conversations with Witapanoxwe and the herbalists of other tribes have made me aware frequently that selective judgment was combined with past experience in the profession. To deny this would be to discount the mental stature of these men of thought and study to a degree that would bring a smile to the person who has had intimate associations with the native doctors among any of the eastern tribes. Like students of other professions they comprehend the unlimited bounds of knowledge and are ever seeking for additions to both pharmacopeia and technical or magical theory. And the test of efficacy is present in their disciplines even though the test is